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CONFIRMATION NO. 8391

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APPLICANTS					
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<i>OK MB</i> ** CONTINUING DATA *****					
This application is a CON of PCT/DE98/00328 02/06/1998					
<i>OK MB</i> ** FOREIGN APPLICATIONS ***** GERMANY 297 02 186.9 02/08/1997					
** SMALL ENTITY **					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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TITLE ORTHOPEDIC SPLINT					
FILING FEE RECEIVED 0.00	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			